## REPORT OF TRANSFER - COMPLETE SALE

State Form 46799 (R/2-96)

## INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N. SENATE AVE. INDIANAPOLIS IN 46204-2277 (317) 232-7436

• To be filed by the previous owner (disposer).

- This must be submitted within 10 days after disposing and acquiring employers are mailed final notice.
- Any employing unit which fails to submit any report required within 10 days after request is sent by registered mail shall be assessed a penalty of \$25.00. Reference Indiana Code 22-4-19-10.
- Any employing unit shall have 15 days within which to protest in writing determinations with respect to successorship's . . . period shall commence the day following the day upon which the determination is mailed. Reference Indiana Code 22-4-32-4.

NOTE: If you disposed of, or leased, only a portion of your Indiana business assets, do not complete this form. You are required to complete State Form 23299, Report of Transfer - Partial Sale.

required to complete State	Form 23299, Report of 1	ranster - Partial S	sale.		
This report must be filed if: (check or	ne)				
Sale of Complete organization	Corporate change or reorganization		Partnership change (50% or more)		
Lease of Complete organization	Changed Federal ID number		Death of owner or partner		
Other (explain fully):					
Please type or print in ink.				FO	R OFFICE USE ONLY
Effective date of change: (mm/dd/y	v)				position
Date disposer operations ceased: (m	•				position
Date of last payroll for disposer organiz				Auc	
Disposer's Indiana SUTA No.:				Date	
Legal name of employing unit:				Mer	it Rate
d/b/a:				Fed	. Cert. juested
Business activity:					
Current address:					
City:		State:	ZIP Code		
Contact person:		Telephone No.:	( )	-	Ext.:
Acquirer's Indiana SUTA No.:	( )	FEIN:			
Legal name of employing unit:					
d/b/a:					
Business activity:					
Current address:					
City:		State:	ZIP Code		
Contact person:		Telephone No.:	( )	-	Ext.:
If you sell "substantially all the assets v Code 22-4-7-2-a.	vithin (Indiana)" but keep t	he corporation, tha	at is a complete s	ale (dispositi	on) under Indiana
Explain fully any special circumstances (attach any related legal documents):					
I certify that the information contained i	n this report is true and co	orrect.			
,		( )	-		
Authorized Signature		Telephone Numl	ber	Extension	Date